ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
TELEPHONE NO.: FAX NO. (Optional):  E-MAIL ADDRESS (Optional):  ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
STREET ADDRESS:	
MAILING ADDRESS: CITY AND ZIP CODE:	
BRANCH NAME:	
CHILD'S NAME:	7
GUARDIANSHIP (JUVENILE)—CHILD'S CONSENT AND WAIVER OF RIGHT	CASE NUMBER:
<b>To the child:</b> Review this form with your attorney. The judge will ask you if you understand reunification services, your right to a trial, and, if applicable, your rights under the Indian Chivoluntarily giving up those rights and consenting to the guardianship.	· · · · · · · · · · · · · · · · · · ·
1. I am the child in this court case. I understand that I have the right to receive family mainted with my family and family reunification services to help me return to my family.	enance services to help me stay
For items 2 through 8, initial the box for each item that applies. If you have a question a before you initial that item.	about an item, ask your attorney or the judgo Initial
2. The types of services that may be available have been explained to me.	
3. I am not interested in receiving family maintenance services or family reunification services	es
4. I believe that a guardianship with (name):	
is in my best interest, and I consent to his or her appointment as the guardian of my person estate.	
5. I understand that by signing this document, I give up the following rights:	
<ul><li>a. The right to trial or hearing on my placement</li><li>b. The right to see and hear witnesses who testify</li></ul>	
c. The right to cross-examine witnesses, including the people who wrote any reports ar	d the people who
provided information that is in the report	• •
d. The right to testify on my own behalf and to present my own evidence and witnesses	
e. The right to use the court's authority to compel witnesses to come to court and produ	ce evidence
<ul> <li>f. The right to assert any privilege against self-incrimination in this proceeding</li> <li>g. The right to receive family maintenance services and family reunification services</li> </ul>	
g. The right to receive family maintenance services and family reunification services	
6. Waiver of rights under the Indian Child Welfare Act (ICWA) (25 U.S.C. § 1901 a. I am an Indian child.	et seq.)
b. By signing this document, I understand that I have the following ICWA rig	ghts, which I am giving up: Initial
(1) The right to request a transfer of the proceedings to the jurisdiction of my t	ribe
(2) The right to require a showing that active efforts were made to provide ren rehabilitative programs designed to prevent the breakup of my Indian fami have proven unsuccessful	
(3) The right to require clear and convincing proof, including the testimony of that my continued custody with my parent or my Indian custodian is likely emotional or physical damage to me	
(4) The right to be placed according to the statutory preference	

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CHILD'S NAME:	CASE NUMBER:
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item 4 will be appointed as my guardian. If that in terminated, this waiver and consent is withdrawn and	ip is given with the understanding that the individual named in dividual is not appointed or his or her status as my guardian is d the right to a trial on the issue of my placement, my right to child CWA will be reinstated as they existed on the date this form was
8. I have discussed my rights with my attorney, and	d I knowingly and intelligently waive those rights.
Date:	
	<b>)</b>
(TYPE OR PRINT NAME)	(SIGNATURE)
DECL	ARATION OF INTERPRETER
9. The child is unable to read or understand this form b	ecause his or her primary language is (specify):
translated this form for the child who said he or she to Date:  (TYPE OR PRINT NAME)	s of the State of California that I have, to the best of my ability, read or understood the form before signing it.   (SIGNATURE OF INTERPRETER)
DECLARAT	TION OF ATTORNEY (REQUIRED)
<ul> <li>witnesses, the right to subpoena witnesses, and</li> <li>The nature of a guardianship and his or her cont</li> <li>That his or her waiver of rights and consent to g</li> <li>4 as his or her guardian. If that individual is not a waiver and consent will be withdrawn and the right family maintenance and reunification services, a</li> </ul>	Act;
Date:	
(TYPE OR PRINT NAME)	(SIGNATURE OF ATTORNEY)
, - ,	<b>,</b> ,